


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature x <i>Steph Dean Chaff</i> Agent Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>															
<p>1. Article Addressed to:</p> <p>STEPHEN MATTHEW ANDER 1000 KELLEY DRIVE EVERMAN, TX 76140-3618</p> <p>4:20CW 957 RHR (818)</p>  <p>9590 9402 6309 0274 7330 77</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED</p> <p>MAR 21 2025</p>															
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0001 8814 4495</p>		<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Registered MailTM</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail[®]</td><td><input type="checkbox"/> Signature ConfirmationTM</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td></td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr></table> <p>Restricted Delivery</p>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail TM	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Signature Confirmation TM	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail TM																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Signature Confirmation TM																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt															